DOCUMENT RESUME

ED 366 132 EC 302 726

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TITLE A Guide for Bereavement Support.
PUB DATE 91
NOTE 20p.; Paper presented at the Council for Exceptional Children Conference on At Risk Children (New Orleans, LA, 1991).
PUB TYPE Guides - Non-Classroom Use (055) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Administrator Role; *Death; Elementary Secondary Education; *Emotional Adjustment; *Grief; *Severe Disabilities; Special Education Teachers; Staff Development; Teacher Response; *Teacher Student Relationship

ABSTRACT

Recent medical and surgical advances as well as court decisions have led to special education programs serving a growing number of students with extreme medical and educational needs. Particularly close bonding between the special education teacher and student with severe disabilities can occur, as the teacher provides so many services and works with the same child year after year. As student death is a real possibility, teachers need to receive training in how to respond to death. This paper discusses specific activities identified by teachers, parents, and school administrators as helpful in easing grief. Specific guidelines are offered for dealing with such a death, based on Frederick County (Maryland) guidelines for crisis intervention. These include immediate procedural guidelines; responsibilities of the building administrator; availability of crisis team members; the funeral; managing memorial funds; and follow up with students, staff, and community. (Contains 15 references.) (DB)

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ED 366 132

A GUIDE FOR

BEREAVEMENT SUPPORT

Presented at CEC Topical
Conference on AT-Risk Children and Youth
November 10-12, 1991
New Orleans, Louisiana

by

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EC 302726

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INTRODUCTION

Student Death: An Emerging Issue for Special Education

During the last two decades several factors have led to a sharp increase in the number of students with life threatening illnesses and/or severe disabilities who attend public school programs. These factors include:

Public Law 94-142, which required that all handicapped students, regardless of the severity of their disability, be placed in free, appropriate, public education programs, in the least restrictive setting (U.S. Department of Education, 1984).

Public Law 99-457, (1986) which amended P.L. 94-142 to require that special education services be provided for all children with disabilities beginning at age three, rather than age five. This legislation, which will become fully effective in 1993, also provides for new state grants to serve children from birth through age two who are handicapped, or who have a high probability of being handicapped (U.S. Department of Education, 1986).

A national thrust for deinstitutionalization that has resulted in large numbers of formerly institutionalized disabled students' being returned to schools in their home communities. In addition, deinstitutionalization has resulted in the closing of many state hospitals for

the disabled, with the result that severely disabled children are no longer being considered for initial placement outside their community.

"Baby Doe" court cases and subsequent federal regulations which mandated medical treatment for severely disabled infants. In October 1983, the parents of a newborn infant (Baby Doe) with spina bifida, esophageal atresia, and other medical complications, refused to give consent for life-prolonging surgery to be performed on their daughter. The federal government intervened, claiming that the infant was being denied her civil rights and ordered the hospital to perform life-sustaining surgery. The baby died before a final judgment could be completed, and her case became representative of other medically fragile infants about whom there is a disagreement as to whether life-prolonging surgery should be performed. Prior to 1983, the decision to withhold medical treatment from a newborn with severe disabilities was left up to the parents and their physician. As a result of this and other similar cases, Congress passed the U.S. Child Abuse and Treatment Act of 1984. This act required that the medical treatment of newborn infants can be terminated only if it merely prolongs the dying process, or if the treatment itself can be

shown to be "inhumane." Considerations such as the future quality of life of the child, the financial or emotional burden on the family, or the desire of the parents to stop treatment because the child is in pain can no longer be used as a rationale for withholding treatment (Lowenthal, 1990). One result of this change is that many profoundly impaired infants who would have previously been allowed to die are surviving infancy.

The combined effect of the above factors is that special education programs are now serving a growing number of students with extreme medical and educational needs. A few decades ago these students would have either not survived beyond infancy or would have been sent to residential facilities for their care and education.

The group of educators most acutely affected by all of the above circumstances are special education teachers who work in programs specifically designed for these students. Logic would dictate that those who work exclusively with students who are at a high risk of dying are, themselves, at a higher risk of exposure to the consequences of student death. The extent of the problem is more clear when one considers the characteristics of educational programs in schools for the severely handicapped.

Children with severe disabilities are often assigned to the same teacher for the majority of the school day. In

addition to academic instruction, the teacher may be responsible for instructing, or assisting with instruction, in nonacademic subjects such as art, music, and physical education. Likewise, related services such as physical, occupational, and speech therapy are sometimes given in the classroom with the assistance of the teacher. In some schools, teachers eat lunch with their students in order to assist with students who cannot feed themselves.

Children with severe disabilities are often reassigned to the same teacher year after year. Because the instructional and social levels of these students change slowly, they are typically reassigned to the teacher who has had experience dealing with their unique service needs, such as special diets, medications, and therapy routines.

Severely disabled children require an educational program that leads to close emotional attachment between teacher and student. The teacher may be responsible for toilet training, feeding, teaching of language, and administering medications. With medically fragile students, these responsibilities may even extend to catheterization, administration of oxygen, and suctioning of fluids from the lungs. These care-giving interactions involve extensive touching, holding, and nurturing, factors that lead to close bonds between the teacher and the student (Bowlby, 1985). According to Glaser and Strauss (1964) the degree to which a

caregiver suffers as the result of a death is in part due to the amount of time spent together and the extent to which the caregiver became involved with the details of the life of the deceased.

Teachers of the severely disabled are a vital link in the chain of services necessary for the child to survive. Information about medications, eating problems, restlessness, and other health issues is shared daily with parents, therapists, nurses, and other caregivers. In many ways the role of teacher of the severely handicapped is very similar to that of a pediatric nurse (Lazzari, 1984). However, unlike nurses, teachers receive little or no training in how to respond to death.

Activities That Are Helpful for Easing Grief

The following activities and reports of grief reactions were identified during research for this writters dessertation, which is in process:

Teachers reported the following activities as helpful in dealing with grief:

1. Receiving hand written sympathy notes from fellow staff members
2. Seeing the child's school and teacher listed in the obituary
3. Receiving words of sympathy such as "I miss seeing James too. I know it must be hard for you."

4. Helping the deceased child's former classmates make something to give to the parents
5. Having a trained counselor to speak with, if needed

Parents reported the following activities as helpful in dealing with grief:

1. Having representatives from the school present at the funeral
2. Receiving gifts of food and offers of help from school personnel
3. Receiving a sympathy card from the Superintendent of Schools
4. Having someone at the school available to help with gathering up books and personal belongings of the deceased student
5. Hearing about how their child was as a student
6. Knowing that the school memorialized the child in some way, such as planting a tree, dedicating a yearbook, or putting the child's name on a memorial plaque

School administrators reported the following activities as helpful in dealing with grief:

1. Flying the school flag at half-mast
2. Honoring the student by planting a tree
3. Dedicating the yearbook or placing the deceased child's name on a memorial plaque

4. Asking the parents back to the school for various functions such as graduation, open house, and the sports banquet
5. Sending a sympathy card to the parents
6. Inviting the parents to return to the school to work as volunteers

Grief Reactions Reported by Teachers

The following are negative grief reactions reported by teachers:

1. Depression and loss of energy
2. A sense of failure
3. Anger
4. Guilt
5. Denial
6. Heightened concern for other children in class
7. Heightened concern for their own children
8. Irritability
9. Disorganization
10. Forgetfulness
11. Just wanting to get through the rest of the year
12. Inability to fall asleep
13. Nightmares
14. Feeling of powerlessness
15. Crying
16. Unplanned weight loss or gain

The following suggestions are taken from the Frederick County Maryland handbook for crisis intervention, which is currently being developed.

Immediate Procedural Guidelines:

The building administrator will:

1. Gather information about the person killed or injured or who has died including:

Student:
Age
Grade
Activities
Friends
Family

Staff:
Age
Number of years in system
Subject taught/activities
Family

2. Obtain information regarding accident or death

3. Obtain funeral and visitation information, when available.

4. Prepare the Announcement

a. Get the details

b. Identify a spokesperson to answer questions and speak with media: building administrator, area superintendent, crisis team coordinator

c. Prepare a statement to be used by administrators and spokesperson answering questions.

When writing the statement:
Keep it short
Keep it simple

Remember: Most people do not absorb much after the initial information.

5. Suggestions:

a. Include specific/factual information - not too many details

b. State that more information will follow as it becomes available

c. Allow time for questions

6. Inform:

a. Staff - if feasible, hold faculty meeting prior to school opening or identify a location where faculty can obtain information throughout the day.

b. Crisis team/psychologists/counselors - to attend meeting when possible

c. Students - preferably the statement should be made in individual classes

d. Parents/community - letter (sample included)

e. Crisis team coordinator will send crisis team members to related schools when applicable.

Announcement should be made to staff, other members of the crisis team and psychologists prior to the arrival of students when possible.

Tell teachers the location of support groups: guidance, etc.
Allow for release time for teachers who cannot teach due to crisis. Allow for time in classes for di.scussion.

In the event of a crisis during the day, inform the school staff via the circulation of a note. Have counselors, administrators or crisis team members available to deliver notes and step into classes where teachers are unable to deliver message.

Arrange for announcements to students to be delivered in each classroom by the classroom teacher. If teacher i~s unable to deliver the announcement, have a member of the crisis team, psychologist, administrator or other school system staff person do this.

Time is very important. People need an opportunity to talk about the tragedy as soon as possible.

Specific strategies are to be found in Section #6.

Assign areas where staff and students can gather separately

Have counselors available for each group

Counselors will determine size and composition of group and provide for individual counseling for certain students.

(Have someone call neighboring school crisis teams if more support is needed.)

Crisis team member will be made aware of student's schedule.

Have crisis team member available to fol]ow student's schedule.

Find out where the student sat at lunch; someone to cover lunch. There will be impact on each class when the student's seat is empty. Allow time for discussion.

End of Day:

Conduct a short debriefing for teachers and staff.
Assess need for continued support from crisis team.

SAMPLE LETTER TO BE SENT BY ADMINISTRATOR-IN-CHARGE IN EVENT OF SUDDEN DEATH OR SERIOUS ACCIDENT OF STAFF MEMBER OR STUDENT

Dear Parents:

Earlier this morning, John Brown, a tenth grade student at (Information our school, was killed in an automobile accident). This occurred about accident en route to school.

An appropriate announcement was made to all students about (What students the accident. During the day, a crisis team and counselors were were told) available to help students to deal with their grieving and answer their questions.

We want you to be aware that your child may show varying reactions to this loss. While some changes could be subtle, some students may display more serious reactions such as difficulty with eating and sleeping, prolonged crying, anger, confusion, excessive sleep, lowered motivation, school refusal and temporary withdrawal from friends and family contact. Any or all of these reactions are normal, but should they become prolonged or very severe, please contact your school counselor or administrator for additional guidance and support. Your openness and willingness to listen to your child as he/she grieves will provide important
support.

Funeral arrangements are incomplete. Arrangements for transportation of students to the funeral will be provided by the school but your permission will be required.

The school staff stands ready to help your child and you through this crisis. Please feel free to contact the school if you have further questions or needs.

Sincerely,

Principal

Family name:

Home address:

Days Following Crisis:

Members of the crisis team will continue to be available on an as-needed basis.

Crisis team members will work with the faculty to determine which close friends/colleagues may need increased intensive follow-up. Crisis team members will continue to keep related schools informed and provide as needed counseling.

The crisis team members and school-based counselors will continue with smaller group and individual counseling for those more signficantly affected.

Funeral:

1. Bus transportation to funeral is sometimes available. Whether or not it is age appropriate will be determined by the principal/designee.
   Call, as soon as possible, 694-1500 to arrange.
   Students will need parental consent to attend the funeral.

2. Determine if any staff members will attend the funeral. Release time will be needed for staff.

3. Have crisis team members and school-based personnel arrive at funeral home early and stay late for students who need to talk.
   Viewing
   Funeral

4. Principal and/or representative should attend the viewing at the funeral home and attend the funeral.

5. Coordinate the flowers sent to funeral Memorial Services: (if appropriate for the needs of school and family)

1. Include family in planning

2. After school hours for service

Memorial Funds:

Home school should manage
Establish name of fund for checks
Identify one person to be in charge of memorial funds

Establish a deadline for contributions
Publicity for memorial funds within school as well as public

Follow-up With Students, Staff and Community:

School Follow-up:

The Guidance Department will determine the need for and establishment of long-term peer counseling groups for students who are most affected by this or related deaths. Suggest 1 to 3 sessions for 1 to 2 weeks post crisis.

Staff-needs to be monitored as to how they cope with the crisis. Establishment of a school-based support group may be needed. There are a number of outside support groups for individuals in need of support. See Section 9.

Monitor students
Anniversary date
Significant dates

Mental health professionals/school-based guidance will check back with specific individual students who were most affected by accident or death.

Crisis team coordinator and building level administrator will meet for the feedback/evaluation process.

Crisis team coordinator and guidance school support will keep a log of date of death to notify next feeder school.

Example: Elementary School - Middle School
Middle School - High School

Guidance will calculate graduation date in the instance of high school students.

Community Follow-Up:

1. Notify parents that counselors are available to students.

2. Invite parents to notify school if they notice any related problems with their child.

3. Counselors/teachers will notify the family if they notice any related problems.

4. Be available to community groups as requested.

5. When requested by the family, the crisis team or school-based personnel will work with the victim's family.

Responsibilities of Crisis Team Members:

Overview to include, but not limited to:
- Administrators
- Area Superintendents
- Area Supervisors
- Pupil Personnel Workers

Cover classes
Cover lunch shifts, hall duty
Drive students home with parental consent
Administrative assistance
- drafting press release
- drafting letter to families

Answering phone inquiries
Notification of staff
- in the event of a crisis during the school day
- to update the staff as information becomes available

Follow the schedule of the deceased or seriously injured student
Provide coverage for teachers who need to grieve
Provide coverage at funeral home viewing and funeral
During large crisis, assist mental health professionals in group counseling sessions

Crisis Team Coordinator:

Notify crisis team members
Work with building level administrator to determine impact of crisis initially and throughout intervention
Coordinate communication between the school, community, an media
Contact person with the family
Get information from hospital and/or police
Contact related schools
- siblings
- alternative schools

Keeping members and superintendents informed of progress
Provide coverage for funeral home viewing and funeral
Maintain log
- by name
- by date

Provide follow-up to schools concerning anniversary dates
Update Crisis Handbook

Debriefing
Evaluation with building level administrator

Psychologist, to include but not limited to:

Conduct group and individual counseling
Determine groups and group size
Determine which students need individual counseling
Keep list of students who will need follow-up
Maintain sign-in sheet
  Provide home contacts
  Notify parents of students who may need follow-up
  Provide coverage for funeral home viewing and funeral
  Follow up with family when requested
  Conduct a debriefing for group leaders

Guidance and School Support, from outside home school

Maintain group and individual counseling as directed by
  schoool based counselors and psychologists
Maintain student log

Suggested Activities With Students:

Initial Period

The school staff and crisis team should provide ways for students to:

Scribble out drawings of any kind
Draw pictures of activities that were done with the injured
   or deceased child
Make banners using computers
Brainstorm using chart paper what they remember about the
  student
Tell the person's favorite story
Make a scrapbook for the family stories - poems - photos
Discuss methods of grieving letters
Show tolerance for students' personal reactions to crises
Stress need for individual differences
Discuss funeral and visitation etiquette
Write a letter to family telling what they liked about
deceased student

Later Activities:

The school staff might allow students to participate in:

- Fund raisers for memorial fund
- Tree planting
- Presentation of a memorial plaque
- Dedication of an event or activity to student such as a play, sporting event, musical, yearbook etc.

In the case of a senior high school student, consider inviting the family of the student to graduation.

References

Bolby, J. (1980). Attachment and loss, (Vol. 3). New York: Basic Books.

Bryant, E. H. (1978). Teacher in Crisis: A classmate is dying. The Elementary School Journal, 78, 232-241.

Cunningham, B. & Hare, J. (1987). Essential elements of a teacher in-service program on child bereavement. Elementary School Guidance and Counseling, 23 175-182.

Dodge, K. (1977). Helping the child and the family cope with death, (Module V, The Child and Safety Series). Austin, TX. Southwest Educational Development Lab. (ERIC Document Reproduction Service No. ED 164-092).

Filiatreau, W.K. & Riggen, T. F. (1976). Dying and death of children: Implications for special education. Paper presented at the meeting of the Council for Exceptional Children, Chicago, IL.

Glaser, B. G. & Strauss, A. L. (1964). The social loss of dying patients. American Journal of Nursing. 63, 119-121.

Keith, C. R., & Ellis, D. (1978). Reactions of teachers and pupils to death in the classroom. School Counselor, 47, 228-234.

Lazzari, A. M. (1984). Parents versus professional perception of mothers' adjustment to their multi-handicapped offspring. (Doctoral Dissertation, Virginia

Polytechnic Institute 1984). University Microfilms International. Ann Arbor, MI.

Lowenthal, B. (1990). The special educator and the Hospital ethics committee. Paper presented at the Conference of

Lubetsky, M., & Lubetski, M. (1984). When a student dies. In J.L. Thomas, (Ed.). Death and dying in the classroom: Readings for reference. Phoenix, AZ: Oryx.

Nelson, C. R. (1977). Counselors, teachers, and death education. The school counselor, 24, 322-329.

Scott, F. (1980). When a student dies. English Journal, 70, 19-23.

Tate, P., & Ward, M. (1987). When a student dies: Helping teachers who grieve. Education of the Visually Handicapped, 18, (4), 151-156.

U.S. Department of Education. (1984). Sixth annual report to the Congress on the implementation of Public Law 94-142: The education of all handicapped children act. Washington, DC: U.S. Government Printing Office.

U.S. Department of Education. (1986). Public Law 99-457 Amendment of 1986 to P.L. 94-142. Available through: U.S. Government Printing Office, Washington, DC.